



MIDDLESEX COUNTY MAGNET SCHOOLS

East Brunswick Magnet School

112 Rues Lane
East Brunswick, NJ 08816
(732) 254-8700

Transcript Request

Date: ____/____/____

Please print your FIRST AND LAST NAME USED WHILE ATTENDING SCHOOL on line below:

I, _____,

hereby authorize the Guidance/CST Department to send a complete transcript of my records to:

Name of College: _____

Email for College Admissions: _____

Address of College: _____

Department (if applicable): _____

City, State & Zip Code: _____

Please check appropriate boxes:

☐ GRADUATED Year of Graduation: _____

☐ DID NOT GRADUATE

☐ Special Education/student with an IEP

☐ General Education Student

Signature: _____

Contact Phone Number: _____

Contact Email: _____

For office use only: ____pick up ____email ____USPS mail Date: ____/____/____